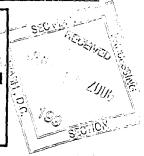
SEC 1972 Potential persons who are to respond to the collection of information contained in this (6-02) form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
ROCESSED Washington, D.C. 20549

JUN 2 8 2213)

FORM D

THOMSON
FINANCIAL NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005

Estimated average burden hours per response...1



06040476

Name of Offering ([] check if this is an amendment and name	has changed, and indicate change.)
Loan #M01824 Pleasant: Ester & Lonnie	
Filing Under (Check box(es) that apply): [x] Rule 504 [] Rule 50	5 [] Rule 506 [] Section 4(6) [] ULOE
Type of Filing: [X] New Filing [] Amendment	
A. BASIC IDENTIFICA	TION DATA
Enter the information requested about the issuer	
Name of Issuer ([] check if this is an amendment and name t	nas changed, and indiciate change.)
BDM Mortgage Services, Inc.	
Address of Executive Offices (Number and Street, City, S (Including Area Code)	tate, Zip Code) Telephone Number
21601 Devonshire Blvd. #116, Chatsworth,	CA 91311 (818) 708-8889
Address of Principal Business Operations (Number and Stree (Including Area Code) (if different from Executive Offices)	et, City, State, Zip Code) Telephone Number
Brief Description of Business Mortgage Broker	

Type of Business Organization	on
[X] corporation	[] limited partnership, already formed [] other (please specify):
[] business trust	[] limited partnership, to be formed
	Month Year ncorporation or Organization: [0]8] [9]5] [X] Actual [] Estimated or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [C][A]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general a	and managing partner of partner	snip issuers.	
Check Box(es) that Apply:	[] Promoter [x] Beneficial Owner	[x] Executive Officer	[x] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Aranda, D	aniel		
Business or Residence	ce Address (Number and Street,	City, State, Zip Coo	de)
21601 Dev	onshire Blvd., #116, Cha	tsworth, CA 91	311
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[X] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Thomas, R	obert		
Business or Residence	e Address (Number and Street,	City, State, Zip Coo	de)
21601 Dev	onshire Blvd., #116, Cha	tsworth, CA 911	311
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Business or Residenc	e Address (Number and Street,	City, State, Zip Coo	le)
Check Box(es) that Apply:		[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Business or Residenc	e Address (Number and Street,	City, State, Zip Cod	e)
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	first, if individual)		
Business or Residenc	e Address (Number and Street,	City, State, Zip Cod	e)
Check Box(es) that	[] Promoter [] Beneficial	[] Executive	[] Director [] General and/or

Apply:				Owne	r	Of	ficer				anaging artner
Full Name (Las	t name	first, if ir	ndividua	al)							
Business or Re	sidence	Addres	s (Num	ber and	Street,	City, Sta	te, Zip C	ode)			
Check Box(es) Apply:	that	[]Pro	moter [] Benef Owne			ecutive licer	[] Directo	M	eneral and/or anaging artner
Full Name (Las	t name	first, if in	idividua	l)						······································	
Business or Re	sidence	Addres	s (Num	ber and	Street,	City, Sta	e, Zip Co	ode)			<i>*</i>
(U	lse blar	ık shee	t, or co	py and	use add	ditional	opies o	f this	sheet, as	neces	sary.)
			В	. INFOR	MATIO	N ABOU	T OFFE	RING			
1. Has the issue offering?	er sold,					**				his	Yes No
2. What is the r	ninimun				·	olumn 2, ed from	~				\$_1,000.00
B. Does the offe					·		•			:	Yes No
4. Enter the info directly or indire connection with person or agen- the name of the persons of such only.	ectly, an sales of t of a broker	y comm of securi oker or o or deale	ission o ties in tl dealer r er. If mo	or similar he offeri egistere ore than	r remuning. If a p d with th five (5)	eration for person to ne SEC a persons	or solicita be listed and/or wi to be list	ation o d is an th a st ed are	purchase associate ate or sta associate	ers in ed tes, list ed	[x][]
Full Name (Last	name f	irst, if in	dividual])				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Business or Res	sidence	Address	s (Numb	per and S	Street, C	City, Stat	e, Zip Co	ode)			**************************************
Name of Associ	ated Bro	ker or [Dealer								
States in Which	Person	Listed F	las Sol	icited or	Intends	to Solici	t Purcha	sers			
(Check "All S	states"	or che	ck indi	ividual	States)			[] A	II States
	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]			
		[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	(MA) [ND]	[MI] HO]		[MS] [OF	•
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ss or R	esidenc	e Addre	ss (Num	ber and	Street, C	City, Stat	e, Zip Co	ode)			
of Asso	ciated B	lroker or	Dealer			:			·		
								sers	· [.	1 All S	States
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me (Las	st name	first, if i	ndividua	l)							
ss or Re	esidence	e Addres	ss (Num	ber and	Street, C	ity, State	e, Zip Co	de)			
of Assoc	ciated B	roker or	Dealer								
k "All	States	or ch	eck ind	lividual	States)	•••••		[[GA]] All S	tates
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Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$
Non-accredited Investors	10	\$ 255,000.00
Total (for filings under Rule 504 only)	10	\$ 255,000.00

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		_\$
Regulation A		\$
Rule 504Fractiona	1 Interest	\$7,017,700.00
Total		_\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$0
Printing and Engraving Costs	[]\$0
Legal Fees	[]\$ 0
Accounting Fees	[]\$0
Engineering Fees	[]\$ 0
Sales Commissions (specify finders' fees separately)	[]\$0
Other Expenses (identify)	[]\$0
Total	[]\$0

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

<u>\$ 255,000.00</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	•	Payments to Officers, Directors, & Affiliates	Payments
Salaries and fees	······································	[] \$0	[] \$0
Purchase of real estate		[] \$0	[] \$ 0
Purchase, rental or leasing and installation of mac and equipment		[] \$ <u>0</u>	[]
Construction or leasing of plant buildings and facili	ties	[] \$ 0	[] \$ 0
Acquisition of other businesses (including the valusecurities involved in this offering that may be use exchange for the assets or securities of another is pursuant to a merger)	ed in ssuer	[]	[]
Repayment of indebtedness		[] \$0_	[] \$ 0
Working capital	<u> </u>	[] \$0	[] \$0
Other (specify): <u>Investment in Trust Deeds</u>	· · · · · · · · · · · · · · · · · · ·	[] \$0 [] \$0	[] \$ <u>255,000.</u> 00 [] \$ 0
Total Payments Listed (column totals added)		[] \$ <u>0</u> []\$ <u>255</u>	\$ <u>255,000.</u> 00 6,000.00
D. FEDERA	L SIGNATURE		
The issuer has duly caused this notice to be signed by t filed under Rule 505, the following signature constitutes Securities and Exchange Commission, upon written req any non-accredited investor pursuant to paragraph (b)(2)	an undertaking by the issu uest of its staff, the informa	er to furnish t	to the U.S.
Issuer (Print or Type)	Signature	Date	
BDM Mortgage Services, Inc.	Mande		-21-06
Name of Signer (Print or Type)	Tive of Signer (Print or Typ		
Daniel Aranda	Vice President		
ATTE	INTION		
Intentional misstatements or omissions of fac	ct constitute federal crimi . 1001.)	nal violation	is. (See 18

Form	D
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Page 8 of 10	Page	8	of	10
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1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Name of Signer (Print or Type)	Title (Print or Type	•)

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3		5				
	Intend to sell to non-accredited investors in State (Part B-Item 1)		. 0	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes -	No	·	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No

1	1		1			1		•	
AZ	<u> </u>								<u> </u>
AR									
CA									
CO									1
CT									
DE									
DC									
FL						Ì			1
GA	(I					<u> </u>		
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